

REPORT ON COST/SAVINGS FOR SINGLE POINT OF ENTRY

(FY 2008 Appropriation Bill - Public Act 123 of 2007)

September 30, 2008

Section 1686: (1) The department shall submit a report by April 30, 2008 to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 4 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program.

(2) In addition to the report required under subsection (1), the department shall report all of the following to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies by September 30, 2008:

- (a) The total cost of the single point of entry program.
 - (b) The total cost of each designated single point of entry.
 - (c) The total amount of Medicaid dollars saved because of the program.
 - (d) The total number of emergent single point of entry cases handled and the average length of time for placement in long-term care for those cases.
 - (e) The total number of single point of entry cases involving transfer from hospital settings to long-term care settings and the average length of time for placement of those cases in long-term care settings.
- (3) It is the intent of the legislature that funding for single point of entry for long-term care end on September 30, 2009.
- (4) As used in this section, "single point of entry" means a system that enables consumers to access Medicaid long-term care services and supports through 1 agency or organization and that promotes consumer education and choice of long-term care options.

Single Point of Entry (SPE) Boilerplate Reporting Requirements

(As outlined in P.A. 123 of 2007, Section 1686 (2))

This report is provided to meet the boilerplate reporting requirements included in the Department of Community Health (MDCH) Appropriations Act (P.A. 123 of 2007, Sec. 1686 (2) requesting a report to the legislature on SPE costs, Medicaid savings, and hospital and emergent cases. The SPE is also referred to as the Long Term Care Connection (LTCC).

Total Costs: Subsections (2) (a) and (b) requests a report on the total cost of the single point of entry program and the total cost of each designated single point of entry.

Table 1 below indicates that the total estimated SPE costs through FY 08 are \$20.0 million.

**Table 1 - Total SPE Costs
FY 06 - 08**

Description	FY 06	FY 07	FY 08 Final	Total
Detroit/Wayne LTCC	\$589,600	\$3,447,800	\$4,664,400	\$8,701,800
Southwest Michigan LTCC	263,600	1,919,000	2,277,600	4,460,200
UPCAP LTCC	82,200	1,166,600	1,813,500	3,062,300
West Michigan LTCC	150,700	1,318,100	2,100,000	3,568,800
Statewide Costs	0	100,000	120,000	220,000
Total Expenditures	\$1,086,100	\$7,951,500	\$10,975,500	\$20,013,100

Medicaid Savings: Subsection (2) (c) requests the total amount of Medicaid dollars saved because of the program.

As SPE's provide information, many consumers tend to favor lower cost placements in their own home or community. Over time, the SPE and associated changes in the use of LTC programs are expected to reduce the growth of costs that might have otherwise occurred, due to the steady increase in LTC demand. A review of these potential Medicaid savings will be included in the cost benefit evaluation phase of the demonstration.

Emergent Cases: Subsection (2) (d) requests the total number of emergent single point of entry cases handled and the average length of time for placement in long-term care for those cases.

Of the 34,633 information and assistance contacts between October, 2007 through September, 2008, 196 consumers faced an urgent need in the same time period. Emergent is currently defined by the consumer as a situation requiring immediate long term care attention. **Table 2** below provides time frames between SPE date of initial contact and date of services placement. **Table 3** indicates the LTC placement setting after the consumer received SPE services.

**Table 2 - SPE Emergent Cases
Time Intervals for LTC Placement Decisions**

Time Interval Description	Emergent Cases
Total emergent referrals	196
Business days from referral to placement decision:	
Same day	61
One day	55
2 -3 days	26
4 to 10 days	24
Over 10 days	11
Unknown	19

Note: Data was available for 177 cases on the length of time from referral to the preliminary support plan.

**Table 3 – SPE Emergent Cases
LTC Placement Setting After SPE Services**

Description	Emergent Cases
Total Emergent referrals	196
Placement Setting:	
Home and Community Based Services (HCBS)	5
Home Help	6
Nursing Facility	35
Adult Foster Care, Home for Aged, PACE or Other	4
No formal LTC program or informal supports	72

Note: Data was available for 122 cases on the LTC placement setting.

Hospital Cases: Subsection (2) (e) requests the total number of single point of entry cases involving transfer from hospital settings to long-term care settings and the average length of time for placement of those cases in long-term care.

Placement into a public funded long term care program requires that the SPE perform a Level of Care Determination (LOCD) to assess whether the consumer meets the nursing facility level of care. Hospitals referred a small percentage of cases to the SPEs for LOCD. The hospital referrals totaled 123, or 1.1% of the total 11,170 LOCDs that SPEs completed during FY'08. Of the 123 hospital referrals, the SPE completed a LOCD in 118 cases, representing 96% of the total hospital cases referred. SPEs were timely in their responses to individuals receiving LOCDs.

Table 4 below provides time frames from when the hospital referral to when a LTC placement decision was made.

Table 4 - Hospital Cases
Time Interval from Hospital Referral to Level of Care Determination

Time Interval Description	Hospital Cases
Total hospital referrals	123
Days from hospital referral to LOCD:	
Same day	33
One day	33
2 -3 days	23
4 to 10 days	22
Over 10 days	3

Note: Data was available for 114 cases on the length of time from the hospital referral to the LOCD.

Table 5 below indicates the type of LTC setting after these hospital cases received SPE services. Of the total 123 hospital cases, 17 cases or 13.8% were already being served by a LTC program before hospitalization.

Table 5 - Hospital Cases
LTC Placement Setting after SPE Services

Description	Hospital Cases
Total hospital referrals	123
Placement Setting	
Home and Community Based Services (HCBS)	2
Home Help	1
Nursing Facility	62
No formal LTC program	34

Note: Data was available for 99 cases on the LTC placement setting after the hospital referral.